MICHAEL J. WILLDEN

Director

CARÓL SALA



## STATE OF NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION FOR AGING SERVICES

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Carson City, Nevada 89706

(775) 687-4210 • Fax (775) 687-4264

dascc@aging.nv.gov

August 8, 2007

Dr. Barbara P. Jackson, Drector City of Las Vegas 400 Stewart Avenue Las Vegas, NV 89101

Dear Dr. Jackson:

This letter is to inform you that the City of Las Vegas, Legal Services Program has been awarded funding by the Division for Aging Services (DAS). The enclosed Notification of Grant Award (NGA) references the amount of the award and the project number. The project number should be used on all future correspondence.

This year was an extremely difficult one for the Division for Aging Services staff, due to the need to reduce funding for the ILG grants. With the exception of rural transportation, ILG grants have been reduced by 3 percent. Continued reductions in coming years are expected. Therefore, as in the past, the Division strongly encourages you to seek other funding sources in order to assure continuity of services to seniors and caregivers. The Division will support your efforts in any way that it can.

The grant is awarded with the understanding that the grantee assumes the responsibility for fiscal management, program management and fulfillment of any special condition(s) on the award. All programs awarded funds are required to report quarterly the financial and programmatic status of the project in a timely manner.

Also, distribution of funds will not be authorized unless the information specified in the Special Grant Conditions section of the grant award has been submitted to the assigned Resource Development Specialist.

The amount awarded is subject to and contingent upon sufficient funds being appropriated, budgeted and otherwise made available by the State and Legislature and/or federal sources. The Division may terminate this grant and the grantee waives any and all claim(s) for damages, effective immediately upon receipt of written notice (or any date specified therein) if for any reason the Division's funding from State and/or federal sources is not appropriated or is withdrawn, limited, or impaired. Continued funding is also based on satisfactory performance and meeting fiscal and programmatic grant requirements.

To accept the award, please sign the statement of acceptance on the NGA within ten (10) days. Funds cannot be released until Tami Beasley in the Carson City DAS office receives an original signed copy of the NGA and Requests for Funds. For technical assistance or questions contact Robert Williamson at (702) 486-3560.

Sincerely,

Carol Sala Administrator

cc: Shari Cane Voge, Director

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03-009-11-LX-08 Carson City Master File

Reno Office, LV Office

Les Vegas Regional Office 3100 W. Sahara Avonue, Sulte 103 Las Vegas, Novada 89102 (702) 486-3545 Fax: 486-3572 dasvegas@aglng.nv.gov Reno Regional Office 445 Apple Street, Suite 104 Rono, Névade 89502 (775) 688-2969 Fax: 686-2969 dasreno@aping.nv.gov Elko Regional Office 850 Elm Street Elko, Nevada 89901 (775) 738-1966 fax: 753-8543 deselko@aging.nv.gov

## STATE OF NEVADA DIVISION FOR AGING SERVICES NOTIFICATION OF GRANT AWARD

GRANTEE: City of Las Vegas

GRANT PERIOD: 10/01/07 · 09/30/08

PROGRAM NAME: Senior Law Program

GRANT AWARD NUMBER: 03-009-11-LX-08

Type of Service: Legal
Type of Grant: Categorical

GRANT AWARD NUM
New Award: Yes
Revised Award:

3836306

Program Budget Year: Third

Award Fiscal Year: 2008
Funding Source: State - Independent Living

Date: August 8, 2007

i diraning Course: Otate				
CFDA Number				
	Independent Living			TOTAL
AWARD	\$69,113.00			\$69,113.00
CARRYOVER				\$0.00
DE-OBLIGATION				\$0.00
SUPPLEMENT #1				\$0.00
SUPPLEMENT #2				\$0.00
TOTAL AMOUNT				
AWARDED	\$69,113.00	\$0.00	\$0.00	\$69,113.00

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REQUIRED MATCH	\$10,367,00	\$0.00	\$0.00	\$10,367.00
		90.00	***	

## Standard Grant Conditions:

- A. The total award amount designates a ceiling of participation by the Division for Aging Services.
- B. Funds are only disbursed monthly and on an as-needed basis.
- C. The grantee shall comply with the Program Instructions, Nevada (PINs), and Service Specifications established by the Division. Grantees receiving federal funding must also comply and adhere with the appropriate OMB Circulars and Administrative Requirements.
- D. The Division, as grantor agency, retains ownership and control over any capital equipment, including vehicles that are purchased or provided matching costs with these grant funds.
- E. The Grantee shall comply with the scope of services, budget, and assurances defined in the approved grant application. The Grantee must have prior approval from the Division for making major programmatic changes effecting the scope of service or service delivery method. Grant expenditures misst comply with the limitations of the grant agreement.
- F. If any part of this award is sub-contracted, the sub-grantee must comply with the same grant conditions.
- G. The grantee/program will acknowledge the Division for Aging Services in publicity, publications and pamphlets. An approved Division logo must be applied to the outside of all vehicles purchased with Division grant funds.
- H. The grantee must submit timely programmatic and quarterly financial reports for all programs or grant payments will be withheld.
- I. The grantee agrees to a limited scope audit to settle any financial disagreements or disputes.
- J. All Division funded programs must be listed on the nveldercare.org website.
- K. The maximum administrative or indirect costs that can be charged to this grant is limited to 8% of the direct costs, with the exception of awards for equipment, for which no administrative costs are allowed.
- L. The Division will automatically de-obligate all funds not obligated by the end of the grant award period.

## Special Grant Conditions:

Grant funds will not be authorized until the following is completed and submitted to the assigned Resource Development Specialist:

- 1. Revised budget.
- 2. Revised project output measures.

land Sola	8/8/07
Carol Sala, Administrator	<sup>'</sup> Date
Statement of Acceptance: I have reviewed and accept the c	onditions of the grant award.
Signatura Titla	Date

Signature, Title